

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

Jerry W. Mullins

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

#1

Johns-Hopkins Suburban Hospital (Subsidiary of JHHS)

#2

Dr. Jules Alexander Feledy Jr. MD

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for a Civil Case

Case No. PWG-16-1113
(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No
(check one)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Jerry W. Mullins
Street Address	7031 Southerland Circle
City and County	Salem (Roanoke County)
State and Zip Code	VA 24153
Telephone Number	(540) 537-2406
E-mail Address	jerry@commonwealthkinetics.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	Johns-Hopkins Suburban Hospital (JHHC & SHHC)
Job or Title (if known)	Medical Facility with E.R.
Street Address	8600 Old Georgetown Rd.
City and County	Bethesda
State and Zip Code	Maryland 20814
Telephone Number	(310) 896-3331
E-mail Address (if known)	

Defendant No. 2

Name	Dr. Jules Alexander Feledy Jr., MD
Job or Title (if known)	Physician
Street Address	5530 Wisconsin Ave
City and County	Chevy Chase
State and Zip Code	Maryland 20815
Telephone Number	(301) 654-5666
E-mail Address (if known)	

Defendant No. 3

Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	

Defendant No. 4

Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	

(If there are more than four defendants, attach an additional page providing the same information for each additional defendant.)

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (*check all that apply*)

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

(42-USC 1395dd), (42 CFR-489), (73 Fed. Reg. 48,434, 48,659)

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (*name*) Jerry W. Mullins, is a citizen of the State of (*name*) Virginia.

b. If the plaintiff is a corporation

The plaintiff, (*name*) _____, is incorporated under the laws of the State of (*name*) _____ and has its principal place of business in the State of (*name*) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual SEE ATTACHED

The defendant, (name) _____, is a citizen of the State of (name) _____. Or is a citizen of (foreign nation) _____.

b. If the defendant is a corporation

The defendant, (name) JOHNS HOPKINS SUBURBAN HOSPITAL ^(ITS SUBSIDIARY JHHS) _{Johns-Hopkins Suburban Hospital (subsidi of JHHS)}, is incorporated under the laws of the State of (name) Maryland, and has its principal place of business in the State of (name) Maryland. Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

SEE ATTACHED

#2

Additional Defendant # 2 :
Dr Jules Alexander Fedely Jr. MD
Citizen of PA

5A

Attachment :

3. The Amount in Controversy

Actions of the defendant has infringed on Plaintiff's rights under Federal law by denying access to clearly needed prompt and specialized treatment in an Emergency Room setting. Defendants' decisions placed the Plaintiff in a situation where no immediate treatment was available and created a situation where transfer to a facility with specialized physicians and equipment was rejected. The defendants further led the Plaintiff to believe no other options were available but to wait until a properly skilled physician was found. This caused significant mental and physical suffering and resulted in the eventual treatment to be improper, resulting in a poor long term outcome. Plaintiff will suffer life long effects from compromised use of hand in all of his physical activities, hobbies, and occupation.

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

See Attached:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

COMPLAINT :

On April 15, 2014, the named defendants, as a result of their decisions, created a situation in a medical emergency setting in an Emergency Room that:

1. infringed on the Plaintiff's rights under Federal law (42 USC 1395dd, 44 USC-489, 73 Fed Reg. 48,434,48,659 and others) .

a) Access was denied to specialized treatment that would have significantly improved the long term outcome of the Plaintiff's injury.

b) Timely screening and appropriate treatment not provided in a reasonable time.

2. Medical Malpractice and Negligence :

Surburban Hospital (Defendant # 1) allowed for an on-call hand specialist and/or a back up physician to not be available at a critical time to stabilize and evaluate a severe hand injury. This resulted in the rejection of a transfer to a dedicated hand trauma center. It also left the Plaintiff in a trapped situation of no available treatment but with no recourse or options to seek such treatment. Once rejection of transfer was understood to be definite, there was still no hand specialist (or apparently any orthopedic doctor) in the immediate future that came to evaluate the Plaintiff. Plaintiff requested a transfer to UVA Hand Center in Charlottesville, VA but the idea was dismissed by E.R. staff . E.R. Staff led Plaintiff to believe no options were available but to wait to see if they could

locate a physician with needed skills. In the meantime it was feared partially severed fingers could be dying. This placed undue mental stress on the Plaintiff who suffers from severe stabile angina and heart disease. Defendant # 2 also contributed to this situation by knowing the situation but not taking action to step in for a brief evaluation to satisfy the receiving hospital's request to have an evaluation before they would accept the transfer. Plaintiff was finally seen after several hours (From Approx 1:00pm arrival to after 4:00pm) by an orthopedic physician from a neighboring town. Surgery was performed even later (after 6:30 pm). Evidence supports that the long term outcome of that surgery was poor and a result of non specialized skills and equipment. Plaintiff now has a lifelong loss of full hand function that was vital to his occupation, interests, hobbies, and daily activities. It is clear from visits to the UVA Hand Center for continued care that the outcome would have had a much better likelihood of the hand being fully functional had access to the intended specialized services of the Curtis National Hand Trauma Center or any other hand trauma center occurred.

Plaintiff believes that the defendants were negligent in their duties and responsibilities that allowed for this situation to develop and cause unwarranted and unnecessary mental anguish, loss of full hand function, and lifelong handicap.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages. For any request for injunctive relief, explain why monetary damages at a later time would not adequately compensate you for the injuries you sustained, are sustaining, or will sustain as a result of the events described above, or why such compensation could not be measured.

See Attached:

Attachment:

RELIEF :

Plaintiff is asking for damages as follow :

Defendant # 1): Johns-Hopkins Suburban Hospital :

1. Medical Expenses and continued care \$ 100,000.00
2. Personal Mental and physical pain and suffering as well as permanent loss of full hand function, deformed and disfigured hand, permanent social self consciousness of the deformity, permanent loss of ability to fully use hand to perform daily activities, hobbies, and occupation.\$2,000,000 (two Million dollars)

Defendant # 2) Dr. Jules A. Fedely Jr. MD, MD

1. Medical Expenses and continued care \$ 100,000.00
 2. Personal Mental and physical pain and suffering as well as permanent loss of full hand function, deformed and disfigured hand, permanent social self consciousness of the deformity, permanent loss of ability to fully use hand to perform daily activities, hobbies, and occupation.\$2,000,000 (two Million dollars)
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V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 4/14, 2016.

Signature of Plaintiff

Printed Name of Plaintiff

Jerry W. Mullins

(If more than one plaintiff is named in the complaint, attach an additional certification and signature page for each additional plaintiff.)

B. For Attorneys

Date of signing: _____, 20__.

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number

Email Address